

Montana Medicaid - Fee Schedule

Dental July 2009

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|--|--|--|--|--|--|--|--|--|--|
| Definitions: | | | | | | | | | |
| Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. | | | | | | | | | |
| For example: | | | | | | | | | |
| 26 = professional component | | | | | | | | | |
| TC = technical component | | | | | | | | | |
| Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding. | | | | | | | | | |
| Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date. | | | | | | | | | |
| Method – Source of fee determination | | | | | | | | | |
| Fee Sched: Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2010 is \$32.75. | | | | | | | | | |
| Medicare: Medicare-prevailing fee. | | | | | | | | | |
| By Report (BR): Equals 46% of billed charges for CPT codes; Equals 85% of billed charges for CDT codes. | | | | | | | | | |
| Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$27.55. | | | | | | | | | |
| RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2010 is \$40.09. | | | | | | | | | |
| *If a valid, current code is not present, that code may be a non-covered service | | | | | | | | | |
| Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines. NOTE: Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information. | | | | | | | | | |
| Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures. | | | | | | | | | |
| 000: Same day as procedure | | | | | | | | | |
| 010: Same day and ten days following procedure | | | | | | | | | |
| 090: One day prior to and ninety days following procedure | | | | | | | | | |
| MMM: In maternity cases, the global period is per the CPT-4 code description | | | | | | | | | |
| ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code | | | | | | | | | |
| Space: Global concept does not apply to this code | | | | | | | | | |
| PA – Prior Authorization | | | | | | | | | |
| Indicators | | | | | | | | | |
| Y: Prior authorization is required | | | | | | | | | |
| Space - this indicator does not apply to this code | | | | | | | | | |
| Mult - Multiple surgery guidelines do apply | | | | | | | | | |
| Bilat - Bilateral. The procedure can be done bilaterally | | | | | | | | | |
| Assist - Assistant. An assistant is allowed for this procedure | | | | | | | | | |
| Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure | | | | | | | | | |
| Team - A team of surgeons is allowed for this procedure | | | | | | | | | |
| Related - The procedure code listed is separately billable | | | | | | | | | |
| Y - indicator is applicable to this code | | | | | | | | | |
| Space - this indicator does not apply to this code | | | | | | | | | |
| Policy Adjust - M = Maternity and F = Family Planning | | | | | | | | | |
| Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc., Broomfield, Colorado | | | | | | | | | |
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|---|-----|----------------------------------|-----------|-----------|----------|----|---------|---------|---|
| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
| D0120 | | PERIODIC ORAL EVALUATION | 7/1/2008 | FEE SCHED | \$22.93 | | 000 | 999 | Adults 1 every 6 months |
| D0140 | | LIMIT ORAL EVAL PROBLM FOCUS | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | |
| D0145 | | ORAL EVAL PATIENT UNDER AGE 3 | 7/1/2009 | FEE SCHED | \$32.75 | | 000 | 002 | ABCD Providers only |
| D0150 | | COMPREHENSIVE ORAL EVALUATION | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | Initial visit for new clients; Adults 1 every 3 years |
| D0210 | | INTRAOR COMPLETE FILM SERIES | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years |
| D0220 | | INTRAORAL PERIAPICAL FIRST F | 7/1/2008 | FEE SCHED | \$16.38 | | 000 | 999 | |
| D0230 | | INTRAORAL PERIAPICAL EA ADD | 7/1/2008 | FEE SCHED | \$8.19 | | 000 | 999 | |
| D0240 | | INTRAORAL OCCLUSAL FILM | 7/1/2008 | FEE SCHED | \$19.65 | | 000 | 999 | |
| D0250 | | EXTRAORAL FIRST FILM | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | |
| D0260 | | EXTRAORAL EA ADDITIONAL FILM | 7/1/2008 | FEE SCHED | \$22.93 | | 000 | 999 | |
| D0270 | | DENTAL BITEWING SINGLE FILM | 7/1/2008 | FEE SCHED | \$16.38 | | 000 | 999 | Adults 4 films per year |
| D0272 | | DENTAL BITEWINGS TWO FILMS | 7/1/2008 | FEE SCHED | \$19.65 | | 000 | 999 | Adults 4 films per year |
| D0273 | | BITEWINGS - THREE FILMS | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | |
| D0274 | | DENTAL BITEWINGS FOUR FILMS | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | Adults 4 films per year |
| D0275 | | BITEWINGS-EACH ADDITIONAL FILM | 7/1/2008 | FEE SCHED | \$8.19 | | 000 | 999 | |
| D0277 | | VERT BITEWINGS-SEV TO EIGHT | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 999 | |
| D0330 | | DENTAL PANORAMIC FILM | 7/1/2008 | FEE SCHED | \$52.40 | | 000 | 999 | Adults 1 film every 3 years |
| D0340 | | DENTAL CEPHALOMETRIC FILM | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | Adults 1 full mouth every 3 years |
| D0350 | | ORAL/FACIAL PHOTO IMAGES | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | 1 unit=3 pictures |
| D0360 | | CONE BEAM CT | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D0362 | | CONE BEAM, TWO DIMENSIONAL | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D0363 | | CONE BEAM, THREE DIMENSIONAL | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D0425 | | CARIES SUSCETIBILITY TEST/ASSESS | 7/1/2009 | FEE SCHED | \$42.58 | | 000 | 002 | ABCD Providers only |
| D0460 | | PULP VITALITY TEST | 7/1/2008 | FEE SCHED | \$26.20 | | 000 | 020 | |
| D0470 | | DIAGNOSTIC CASTS | 7/1/2008 | FEE SCHED | \$40.94 | | 000 | 020 | |
| D0486 | | ACCESSION OF BRUSH BIOPSY | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D1110 | | DENTAL PROPHYLAXIS ADULT | 7/1/2008 | FEE SCHED | \$49.13 | | 000 | 999 | Every 6 months |
| D1120 | | DENTAL PROPHYLAXIS CHILD | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | |
| D1203 | | TOPICAL FLUOR W/O PROPHY CHI | 7/1/2008 | FEE SCHED | \$16.38 | | 000 | 999 | |
| D1204 | | TOPICAL FLUOR W/O PROPHY ADU | 7/1/2008 | FEE SCHED | \$16.38 | | 000 | 999 | Every 6 months |
| D1206 | | TOPICAL FLUORIDE VARNISH | 7/1/2008 | FEE SCHED | \$19.65 | | 000 | 020 | Mod-high risk |
| D1310 | | NUTRITIONAL COUNSELING | 7/1/2009 | FEE SCHED | \$39.30 | | 000 | 005 | ABCD Providers only |
| D1330 | | ORAL HYGIENE INSTRUCTION | 7/1/2009 | FEE SCHED | \$22.93 | | 000 | 005 | ABCD Providers only |
| D1351 | | DENTAL SEALANT PER TOOTH | 7/1/2008 | FEE SCHED | \$26.20 | | 000 | 020 | |
| D1510 | | SPACE MAINTAINER FXD UNILAT | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 020 | |
| D1515 | | FIXED BILAT SPACE MAINTAINER | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 020 | |
| D1550 | | RECEMENT SPACE MAINTAINER | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 020 | |
| D1555 | | REMOVE FIX SPACE MAINTAINER | 7/1/2008 | FEE SCHED | \$36.03 | | 000 | 020 | |
| D2140 | | AMALGAM ONE SURFACE PERMANEN | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D2150 | | AMALGAM TWO SURFACES PERMANE | 7/1/2008 | FEE SCHED | \$72.05 | | 000 | 999 | |
| D2160 | | AMALGAM THREE SURFACES PERMA | 7/1/2008 | FEE SCHED | \$88.43 | | 000 | 999 | |
| D2161 | | AMALGAM 4 OR > SURFACES PERM | 7/1/2008 | FEE SCHED | \$108.08 | | 000 | 999 | |
| D2330 | | RESIN ONE SURFACE-ANTERIOR | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D2331 | | RESIN TWO SURFACES-ANTERIOR | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D2332 | | RESIN THREE SURFACES-ANTERIO | 7/1/2008 | FEE SCHED | \$114.63 | | 000 | 999 | |
| D2335 | | RESIN 4/> SURF OR W INCIS AN | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | |
| D2390 | | ANT RESIN-BASED CMPST CROWN | 7/1/2008 | FEE SCHED | \$222.70 | | 000 | 999 | |
| D2391 | | POST 1 SRFC RESINBASED CMPST | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D2392 | | POST 2 SRFC RESINBASED CMPST | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | |
| D2393 | | POST 3 SRFC RESINBASED CMPST | 7/1/2008 | FEE SCHED | \$176.85 | | 000 | 999 | |
| D2394 | | POST >=4SRFC RESINBASED CMPST | 7/1/2008 | FEE SCHED | \$186.68 | | 000 | 999 | |
| D2710 | | CROWN RESIN-BASED INDIRECT | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2712 | | CROWN 3/4 RESIN-BASED COMPOS | 7/1/2008 | FEE SCHED | \$474.88 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2720 | | CROWN RESIN W/ HIGH NOBLE ME | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2721 | | CROWN RESIN W/ BASE METAL | 7/1/2008 | FEE SCHED | \$491.25 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2722 | | CROWN RESIN W/ NOBLE METAL | 7/1/2008 | FEE SCHED | \$556.75 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2740 | | CROWN PORCELAIN/CERAMIC SUBS | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2750 | | CROWN PORCELAIN W/ H NOBLE M | 7/1/2008 | FEE SCHED | \$720.50 | Y | 000 | 020 | PA for posterior teeth |
| D2751 | | CROWN PORCELAIN FUSED BASE M | 7/1/2008 | FEE SCHED | \$524.00 | Y | 000 | 999 | PA for anterior and posterior teeth for adults 18+ |
| D2752 | | CROWN PORCELAIN W/ NOBLE MET | 7/1/2008 | FEE SCHED | \$589.50 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |

Please see first page for a complete description of information contained in the fee schedules.

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|---|-----|-------------------------------|-----------|-----------|----------|----|---------|---------|---|
| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
| D2780 | | CROWN 3/4 CAST HI NOBLE MET | 7/1/2008 | FEE SCHED | \$589.50 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2781 | | CROWN 3/4 CAST BASE METAL | 7/1/2008 | FEE SCHED | \$425.75 | Y | 000 | 999 | PA for anterior and posterior teeth for adults 18+ |
| D2782 | | CROWN 3/4 CAST NOBLE METAL | 7/1/2008 | FEE SCHED | \$491.25 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2783 | | CROWN 3/4 PORCELAIN/CERAMIC | 7/1/2008 | FEE SCHED | \$622.25 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2790 | | CROWN FULL CAST HIGH NOBLE M | 7/1/2008 | FEE SCHED | \$622.25 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2791 | | CROWN FULL CAST BASE METAL | 7/1/2008 | FEE SCHED | \$458.50 | Y | 000 | 999 | PA for anterior and posterior teeth for adults 18+ |
| D2792 | | CROWN FULL CAST NOBLE METAL | 7/1/2008 | FEE SCHED | \$524.00 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2794 | | CROWN-TITANIUM | 7/1/2008 | FEE SCHED | \$510.90 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2799 | | PROVISIONAL CROWN | 7/1/2008 | FEE SCHED | \$189.95 | | 000 | 020 | Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years |
| D2910 | | RECEMENT INLAY ONLAY OR PART | 7/1/2008 | FEE SCHED | \$49.13 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2920 | | DENTAL RECEMENT CROWN | 7/1/2008 | FEE SCHED | \$49.13 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2930 | | PREFAB STNLSS STEEL CROWN PRI | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2931 | | PREFAB STNLSS STEEL CROWN PE | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2932 | | PREFABRICATED RESIN CROWN | 7/1/2008 | FEE SCHED | \$157.20 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2933 | | PREFAB STAINLESS STEEL CROWN | 7/1/2008 | FEE SCHED | \$147.38 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2940 | | DENTAL SEDATIVE FILLING | 7/1/2008 | FEE SCHED | \$49.13 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2950 | | CORE BUILD-UP INCL ANY PINS | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2951 | | TOOTH PIN RETENTION | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 020 | Clients with Full Medicaid; 1 every 5 years |
| D2952 | | POST AND CORE CAST + CROWN | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2953 | | EACH ADDTNL CAST POST | 7/1/2008 | FEE SCHED | \$212.88 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2954 | | PREFAB POST/CORE + CROWN | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2957 | | EACH ADDTNL PREFAB POST | 7/1/2008 | FEE SCHED | \$114.63 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2960 | | LAMINATE LABIAL VENEER | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2961 | | LAB LABIAL VENEER RESIN | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2962 | | LAB LABIAL VENEER PORCELAIN | 7/1/2008 | FEE SCHED | \$471.60 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2970 | | TEMPORARY- FRACTURED TOOTH | 7/1/2008 | FEE SCHED | \$160.48 | | 000 | 999 | |
| D2980 | | CROWN REPAIR | 7/1/2008 | FEE SCHED | \$134.28 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D2999 | | DENTAL UNSPEC RESTORATIVE PR | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | Clients with Full Medicaid; 1 every 5 years |
| D3110 | | PULP CAP DIRECT | 7/1/2008 | FEE SCHED | \$40.94 | | 000 | 999 | |
| D3120 | | PULP CAP INDIRECT | 7/1/2008 | FEE SCHED | \$32.75 | | 000 | 999 | |
| D3220 | | THERAPEUTIC PULPOTOMY | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 020 | |
| D3221 | | GROSS PULPAL DEBRIDEMENT | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | |
| D3230 | | PULPAL THERAPY ANTERIOR PRIM | 7/1/2008 | FEE SCHED | \$108.08 | | 000 | 020 | |
| D3240 | | PULPAL THERAPY POSTERIOR PRI | 7/1/2008 | FEE SCHED | \$121.18 | | 000 | 020 | |
| D3310 | | ANTERIOR | 7/1/2008 | FEE SCHED | \$334.05 | | 000 | 999 | |
| D3320 | | ROOT CANAL THERAPY 2 CANALS | 7/1/2008 | FEE SCHED | \$376.63 | | 000 | 999 | |
| D3330 | | ROOT CANAL THERAPY 3 CANALS | 7/1/2008 | FEE SCHED | \$458.50 | | 000 | 999 | |
| D3331 | | NON-SURG TX ROOT CANAL OBS | 7/1/2008 | FEE SCHED | \$330.78 | | 000 | 999 | |
| D3346 | | RETREAT ROOT CANAL ANTERIOR | 7/1/2008 | FEE SCHED | \$360.25 | | 000 | 999 | |
| D3347 | | RETREAT ROOT CANAL BICUSPID | 7/1/2008 | FEE SCHED | \$438.85 | | 000 | 999 | |
| D3348 | | RETREAT ROOT CANAL MOLAR | 7/1/2008 | FEE SCHED | \$540.38 | | 000 | 999 | |
| D3410 | | APICOECT/PERIRAD SURG ANTER | 7/1/2008 | FEE SCHED | \$298.03 | | 000 | 020 | |
| D3421 | | ROOT SURGERY BICUSPID | 7/1/2008 | FEE SCHED | \$343.88 | | 000 | 020 | |
| D3425 | | ROOT SURGERY MOLAR | 7/1/2008 | FEE SCHED | \$383.18 | | 000 | 020 | |
| D3426 | | ROOT SURGERY EA ADD ROOT | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 020 | |
| D3430 | | RETROGRADE FILLING | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D4210 | | GINGIVECTOMY/PLASTY PER QUAD | 7/1/2008 | FEE SCHED | \$311.13 | | 000 | 020 | 1 quadrant = 1 unit of service |
| D4211 | | GINGIVECTOMY/PLASTY PER TOOT | 7/1/2008 | FEE SCHED | \$114.63 | | 000 | 020 | |
| D4230 | | ANA CROWN EXP 4 OR> PER QUAD | 7/1/2008 | FEE SCHED | \$301.30 | | 000 | 020 | 1 quadrant = 1 unit of service |
| D4231 | | ANA CROWN EXP 1-3 PER QUAD | 7/1/2008 | FEE SCHED | \$301.30 | | 000 | 020 | 1 quadrant = 1 unit of service |
| D4240 | | GINGIVAL FLAP PROC W/ PLANIN | 7/1/2008 | FEE SCHED | \$356.98 | | 000 | 020 | |
| D4241 | | GNGLV FLAP W ROOTPLAN 1-3 TH | 7/1/2008 | FEE SCHED | \$288.20 | | 000 | 020 | |
| D4260 | | OSSEOUS SURGERY PER QUADRANT | 7/1/2008 | FEE SCHED | \$524.00 | | 000 | 999 | 1 quadrant = 1 unit of service |
| D4261 | | OSSEOUS SURGL-3TEETHPERQUAD | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | 1 quadrant = 1 unit of service |
| D4270 | | PEDICLE SOFT TISSUE GRAFT PR | 7/1/2008 | FEE SCHED | \$381.49 | | 000 | 999 | |
| D4271 | | FREE SOFT TISSUE GRAFT PROC | 7/1/2008 | FEE SCHED | \$412.65 | | 000 | 999 | |
| D4320 | | PROVISION SPLNT INTRACORONAL | 7/1/2008 | FEE SCHED | \$222.70 | | 000 | 999 | |
| D4321 | | PROVISIONAL SPLINT EXTRACORO | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D4341 | | PERIODONTAL SCALING & ROOT | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 999 | |
| D4342 | | PERIODONTAL SCALING 1-3TEETH | 7/1/2008 | FEE SCHED | \$88.43 | | 000 | 999 | |

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| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
| D4355 | | FULL MOUTH DEBRIDEMENT | 7/1/2008 | FEE SCHED | \$81.88 | | 000 | 999 | |
| D4910 | | PERIODONTAL MAINT PROCEDURES | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D4920 | | UNSCHEDULED DRESSING CHANGE | 7/1/2008 | FEE SCHED | \$42.58 | | 000 | 999 | |
| D4999 | | UNSPECIFIED PERIODONTAL PROC | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D5110 | | DENTURES COMPLETE MAXILLARY | 7/1/2008 | FEE SCHED | \$818.75 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5120 | | DENTURES COMPLETE MANDIBLE | 7/1/2008 | FEE SCHED | \$818.75 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5130 | | DENTURES IMMEDIAT MAXILLARY | 7/1/2008 | FEE SCHED | \$900.63 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5140 | | DENTURES IMMEDIAT MANDIBLE | 7/1/2008 | FEE SCHED | \$900.63 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5211 | | DENTURES MAXILL PART RESIN | 7/1/2008 | FEE SCHED | \$556.75 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5212 | | DENTURES MAND PART RESIN | 7/1/2008 | FEE SCHED | \$579.68 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5213 | | DENTURES MAXILL PART METAL | 7/1/2008 | FEE SCHED | \$982.50 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5214 | | DENTURES MANDIBL PART METAL | 7/1/2008 | FEE SCHED | \$982.50 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5225 | | MAXILLARY PART DENTURE FLEX | 7/1/2008 | FEE SCHED | \$697.58 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5226 | | MANDIBULAR PART DENTURE FLEX | 7/1/2008 | FEE SCHED | \$697.58 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D5410 | | DENTURES ADJUST CMPLT MAXIL | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 999 | |
| D5411 | | DENTURES ADJUST CMPLT MAND | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 999 | |
| D5421 | | DENTURES ADJUST PART MAXILL | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 999 | |
| D5422 | | DENTURES ADJUST PART MANDBL | 7/1/2008 | FEE SCHED | \$39.30 | | 000 | 999 | |
| D5510 | | DENTUR REPR BROKEN COMPL BAS | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D5520 | | REPLACE DENTURE TEETH COMPLT | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D5610 | | DENTURES REPAIR RESIN BASE | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D5620 | | REP PART DENTURE CAST FRAME | 7/1/2008 | FEE SCHED | \$134.28 | | 000 | 999 | |
| D5630 | | REP PARTIAL DENTURE CLASP | 7/1/2008 | FEE SCHED | \$121.18 | | 000 | 999 | |
| D5640 | | REPLACE PART DENTURE TEETH | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D5650 | | ADD TOOTH TO PARTIAL DENTURE | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D5660 | | ADD CLASP TO PARTIAL DENTURE | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 999 | |
| D5710 | | DENTURES REBASE CMPLT MAXIL | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 999 | |
| D5711 | | DENTURES REBASE CMPLT MAND | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 999 | |
| D5720 | | DENTURES REBASE PART MAXILL | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5721 | | DENTURES REBASE PART MANDBL | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5730 | | DENTURE RELN CMPLT MAXIL CH | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D5731 | | DENTURE RELN CMPLT MAND CHR | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D5740 | | DENTURE RELN PART MAXIL CHR | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 999 | |
| D5741 | | DENTURE RELN PART MAND CHR | 7/1/2008 | FEE SCHED | \$163.75 | | 000 | 999 | |
| D5750 | | DENTURE RELN CMPLT MAX LAB | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5751 | | DENTURE RELN CMPLT MAND LAB | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5760 | | DENTURE RELN PART MAXIL LAB | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5761 | | DENTURE RELN PART MAND LAB | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D5820 | | DENTURE INTERM PART MAXILL | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 020 | |
| D5821 | | DENTURE INTERM PART MANDBL | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 020 | |
| D5850 | | TISSUE CONDITIONING, MAXILLARY | 7/1/2008 | FEE SCHED | \$85.15 | | 000 | 999 | |
| D5851 | | TISSUE CONDITIONING, MANDIBULAR | 7/1/2008 | FEE SCHED | \$85.15 | | 000 | 999 | |
| D5899 | | REMOVABLE PROSTHODONTIC PROC | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify. |
| D6205 | | PONTIC-INDIRECT RESIN BASED | 7/1/2008 | FEE SCHED | \$474.88 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6210 | | PROSTHODONT HIGH NOBLE METAL | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6211 | | BRIDGE BASE METAL CAST | 7/1/2008 | FEE SCHED | \$458.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6212 | | BRIDGE NOBLE METAL CAST | 7/1/2008 | FEE SCHED | \$524.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6214 | | PONTIC TITANIUM | 7/1/2008 | FEE SCHED | \$507.63 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6240 | | BRIDGE PORCELAIN HIGH NOBLE | 7/1/2008 | FEE SCHED | \$720.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6241 | | BRIDGE PORCELAIN BASE METAL | 7/1/2008 | FEE SCHED | \$589.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6242 | | BRIDGE PORCELAIN NOBEL METAL | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6245 | | BRIDGE PORCELAIN/CERAMIC | 7/1/2008 | FEE SCHED | \$494.53 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6250 | | BRIDGE RESIN W/HIGH NOBLE | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6251 | | BRIDGE RESIN BASE METAL | 7/1/2008 | FEE SCHED | \$458.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6252 | | BRIDGE RESIN W/NOBLE METAL | 7/1/2008 | FEE SCHED | \$589.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27) |
| D6710 | | CROWN-INDIRECT RESIN BASED | 7/1/2008 | FEE SCHED | \$494.53 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6720 | | RETAIN CROWN RESIN W HI NBLE | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6721 | | CROWN RESIN W/BASE METAL | 7/1/2008 | FEE SCHED | \$491.25 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6722 | | CROWN RESIN W/NOBLE METAL | 7/1/2008 | FEE SCHED | \$556.75 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6740 | | CROWN PORCELAIN/CERAMIC | 7/1/2008 | FEE SCHED | \$524.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |

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Montana Medicaid - Fee Schedule

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|---|-----|---------------------------------|-----------|-----------|------------|----|---------|---------|--|
| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
| D6750 | | CROWN PORCELAIN HIGH NOBLE | 7/1/2008 | FEE SCHED | \$786.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6751 | | CROWN PORCELAIN BASE METAL | 7/1/2008 | FEE SCHED | \$524.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6752 | | CROWN PORCELAIN NOBLE METAL | 7/1/2008 | FEE SCHED | \$655.00 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6780 | | CROWN 3/4 HIGH NOBLE METAL | 7/1/2008 | FEE SCHED | \$622.25 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6781 | | CROWN 3/4 CAST BASED METAL | 7/1/2008 | FEE SCHED | \$510.90 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6782 | | CROWN 3/4 CAST NOBLE METAL | 7/1/2008 | FEE SCHED | \$514.18 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6783 | | CROWN 3/4 PORCELAIN/CERAMIC | 7/1/2008 | FEE SCHED | \$517.45 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6790 | | CROWN FULL HIGH NOBLE METAL | 7/1/2008 | FEE SCHED | \$622.25 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6791 | | CROWN FULL BASE METAL CAST | 7/1/2008 | FEE SCHED | \$458.50 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6792 | | CROWN FULL NOBLE METAL CAST | 7/1/2008 | FEE SCHED | \$566.75 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6794 | | CROWN TITANIUM | 7/1/2008 | FEE SCHED | \$541.95 | | 000 | 020 | Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years |
| D6930 | | DENTAL RECEMENT BRIDGE | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 020 | |
| D6950 | | PRECISION ATTACHMENT | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D6980 | | BRIDGE REPAIR | 7/1/2008 | FEE SCHED | \$170.30 | | 000 | 020 | |
| D6999 | | FIXED PROSTHODONTIC PROC | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |
| D7111 | | EXTRACTION CORONAL REMNANTS | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D7140 | | EXTRACTION ERUPTED TOOTH/EXR | 7/1/2008 | FEE SCHED | \$72.05 | | 000 | 999 | Includes local anesthesia, suturing, and post-op care. |
| D7210 | | REM IMP TOOTH W MUCOPER FLP | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | |
| D7220 | | IMPACT TOOTH REMOV SOFT TISS | 7/1/2008 | FEE SCHED | \$150.65 | | 000 | 999 | |
| D7230 | | IMPACT TOOTH REMOV PART BONY | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D7240 | | IMPACT TOOTH REMOV COMP BONY | 7/1/2008 | FEE SCHED | \$235.80 | | 000 | 999 | |
| D7241 | | IMPACT TOOTH REM BONY W/COMP | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 999 | |
| D7250 | | TOOTH ROOT REMOVAL | 7/1/2008 | FEE SCHED | \$131.00 | | 000 | 999 | |
| D7270 | | TOOTH REIMPLANTATION | 7/1/2008 | FEE SCHED | \$235.80 | | 000 | 999 | |
| D7280 | | EXPOSURE IMPACT TOOTH ORTHOD | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D7282 | | MOBILIZE ERUPTED/MALPOS TOOT | 7/1/2008 | FEE SCHED | \$239.08 | | 000 | 999 | |
| D7310 | | ALVEOPLASTY W/ EXTRACTION | 7/1/2008 | FEE SCHED | \$137.55 | | 000 | 999 | Per quadrant |
| D7320 | | ALVEOPLASTY W/O EXTRACTION | 7/1/2008 | FEE SCHED | \$173.58 | | 000 | 999 | Per quadrant |
| D7321 | | ALVEOLOPLASTY NOT W/EXTRACTS | 7/1/2008 | FEE SCHED | \$252.18 | | 000 | 999 | Per quadrant |
| D7510 | | I&D ABSC INTRAORAL SOFT TISS | 7/1/2008 | FEE SCHED | \$88.43 | | 000 | 999 | |
| D7511 | | INCISION/DRAIN ABSCESS INTRA | 7/1/2008 | FEE SCHED | \$144.10 | | 000 | 999 | |
| D7520 | | I&D ABSCESS EXTRAORAL | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | |
| D7521 | | INCISION/DRAIN ABSCESS EXTRA | 7/1/2008 | FEE SCHED | \$245.63 | | 000 | 999 | |
| D7540 | | REMOVAL OF FB REACTION | 7/1/2008 | FEE SCHED | \$278.38 | | 000 | 999 | |
| D7550 | | REMOVAL OF SLOUGHED OFF BONE | 7/1/2008 | FEE SCHED | \$229.25 | | 000 | 999 | |
| D7560 | | MAXILLARY SINUSOTOMY | 7/1/2008 | FEE SCHED | \$425.75 | | 000 | 999 | |
| D7910 | | DENT SUTUR RECENT WND TO 5CM | 7/1/2008 | FEE SCHED | \$137.55 | | 000 | 999 | |
| D7911 | | DENTAL SUTURE WOUND TO 5 CM | 7/1/2008 | FEE SCHED | \$176.85 | | 000 | 999 | |
| D7912 | | SUTURE COMPLICATE WND > 5 CM | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 999 | |
| D7951 | | SINUS AUG W BONE/BONE SUP | 7/1/2009 | FEE SCHED | \$1,283.80 | | 000 | 020 | |
| D7970 | | EXCISION HYPERPLASTIC TISSUE | 7/1/2008 | FEE SCHED | \$262.00 | | 000 | 020 | |
| D7998 | | INTRAORAL PLACE OF FIX DEV | 7/1/2008 | FEE SCHED | \$953.03 | | 000 | 020 | |
| D8050 | | INTERCEP DENTAL TX PRIMARY | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D8060 | | INTERCEP DENTAL TX TRANSITN | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D8070 | | COMPRE DENTAL TX TRANSITION | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D8080 | | COMPRE DENTAL TX ADOLESCENT | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D8090 | | COMPRE DENTAL TX ADULT | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D8220 | | FIXED APPLIANCE THERAPY HABT | 7/1/2008 | FEE SCHED | \$468.33 | | 000 | 999 | |
| D8670 | | PERIODIC ORTHODONTIC TX VISIT | 7/1/2008 | BY REPORT | \$0.00 | Y | 000 | 020 | |
| D9110 | | TX DENTAL PAIN MINOR PROC | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D9220 | | GENERAL ANESTHESIA | 7/1/2008 | FEE SCHED | \$180.13 | | 000 | 999 | |
| D9221 | | GENERAL ANESTHESIA EA AD 15M | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |
| D9230 | | ANALGESIA | 7/1/2008 | FEE SCHED | \$29.48 | | 000 | 012 | |
| D9241 | | INTRAVENOUS SEDATION-1ST 30 MIN | 7/1/2008 | FEE SCHED | \$196.50 | | 000 | 999 | First 30 minutes |
| D9242 | | IV SEDATION EA AD 15 M | 7/1/2008 | FEE SCHED | \$73.69 | | 000 | 999 | |
| D9248 | | SEDATION (NON-IV) | 7/1/2008 | FEE SCHED | \$145.74 | | 000 | 999 | |
| D9310 | | DENTAL CONSULTATION | 7/1/2008 | FEE SCHED | \$52.40 | | 000 | 999 | |
| D9410 | | DENTAL HOUSE CALL | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D9420 | | HOSPITAL CALL | 7/1/2008 | FEE SCHED | \$98.25 | | 000 | 999 | |
| D9440 | | OFFICE VISIT AFTER HOURS | 7/1/2008 | FEE SCHED | \$65.50 | | 000 | 999 | |

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|---|-----|------------------------------|-----------|-----------|----------|----|---------|---------|---|
| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
| D9612 | | THERA PAR DRUGS 2 OR > ADMIN | 7/1/2008 | FEE SCHED | \$81.88 | | 000 | 999 | |
| D9630 | | OTHER DRUGS/MEDICAMENTS | 7/1/2008 | FEE SCHED | \$16.38 | | 000 | 999 | |
| D9920 | | BEHAVIOR MANAGEMENT | 7/1/2008 | FEE SCHED | \$52.40 | | 000 | 999 | 15 min = 1 unit; Limit 12 units per year; max 4 units per visit |
| D9940 | | DENTAL OCCLUSAL GUARD | 7/1/2008 | FEE SCHED | \$327.50 | | 000 | 020 | |
| D9999 | | ADJUNCTIVE PROCEDURE | 7/1/2008 | BY REPORT | \$0.00 | | 000 | 999 | |